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Bib Data Sheet

CONFIRMATION NO. 6518

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|----------------------------|---------------------------------------|------------------------|----------------------------------|--|
| SERIAL NUMBER 10768,335 | FILING DATE 01/30/2004 RULE | CLASS 514 <i>AD</i> | GROUP ART UNIT <i>AD</i> 1653 | ATTORNEY DOCKET NO. ETH-5084 NON PROV |
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/15/2004

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|---|---|-------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR COUNTRY NJ | SHEETS DRAWING 0 | TOTAL CLAIMS 63 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged <i>[Signature]</i> Examiner's Signature | <i>[Initials]</i> Initials | | |

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08933-7003

TITLE

Hemostatic compositions and devices

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| FILING FEE RECEIVED 1630 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
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